



**Los Angeles County
Board of Supervisors**

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December 21, 2021

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Christina R. Ghaly, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Deputy Director, Clinical Affairs

Nina J. Park, M.D.
Chief Deputy Director, Population Health

Elizabeth M. Jacobi, J.D.
Administrative Deputy

Dear Supervisors:

**APPROVAL OF APPROPRIATION FY 2021-22 AND STAFFING
ADJUSTMENTS FOR THE DEPARTMENT OF HEALTH SERVICES'
REGISTERED NURSES' CRITICAL CARE STAFFING PLAN
(ALL SUPERVISORIAL DISTRICTS)
(4 VOTES)**

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 288-8050
Fax: (213) 481-0503

www.dhs.lacounty.gov

SUBJECT

Request approval to add positions to the Department of Health Services to implement a standardized Registered Nurse Critical Care Staffing Plan and nurse-to-patient ratio model to meet the State of California's regulatory requirements for hospitals that provide adult critical care services.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve interim ordinance authority pursuant to Section 6.06.020 of the County Code, as shown on Attachment I. for the Department of Health Services (DHS) to add one hundred ninety-six (196.0) positions to implement a system-wide standardized Registered Nurse (RN) Critical Care Staffing Plan (CCSP) staffing model to meet California regulatory requirements, subject to allocation by the Chief Executive Office's (CEO), Classification and Compensation Division.
2. Approve the attached Fiscal Year (FY) 2021-22 appropriation adjustment to adjust Salaries and Employee Benefits appropriation by a net increase of \$11.355 million, recognize an increase of \$2.411 million in Medi-Cal Inpatient revenue, and reallocate \$8.944 million from DHS' Enterprise Fund-Committed for DHS to fund the projected staffing costs and operational changes

*"To advance the health of our
patients and our
communities by
providing extraordinary
care"*



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necessary to implement the CCSP staffing model described in Recommendation 1.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended actions will enable DHS to implement a system-wide standardized RN critical care staffing model to meet California regulatory requirements for acute care hospitals with adult critical care areas. The CCSP model will address acuity of patient, labor issues and new regulations that have impacted critical care nurse staffing, nurse turnover and retention, and regulatory standards that have been implemented over the last seven years since the original 2014 NSP was put into place DHS-wide. The CCSP model will also meet the staffing agreements in the 2018 Memorandum of Understanding (MOU) for RNs under Bargaining Units 311 and 312, and COVID-19 pandemic staffing needs. The full CCSP staffing model is comprised of internal repurposing of existing RN resources through reclassifications of 261 positions and the addition of 196.0 net new critical care RN positions. The above mentioned reclassifications will be submitted to the Board at a later time.

Background

DHS critical care inpatient units are located at LAC+USC Medical Center, Harbor-UCLA Medical Center, Olive View-UCLA Medical Center, and Rancho Los Amigos National Rehabilitation Center. These hospitals are mandated by AB 394 to staff by acuity and nurse-to-patient ratios.

In July 2014, the Office of Nursing Affairs (ONA), in collaboration with nurse leaders representing the hospitals, implemented the original DHS 2014 NSP model. Under this model, DHS achieved significant milestones that increased the Department's effectiveness in addressing the staffing needs of the DHS hospitals' inpatient units covered under AB 394's nurse-to-patient ratios including the adult critical care units. Since then, several fundamental changes have occurred with the RN staffing requirements. In addition, L.A. County residents' need for critical care services has increased.

Justification

The following key critical care staffing changes prompted this request for a revision of the original 2014 NSP staffing model:

1. RN Staffing Regulations/Patient Acuity - Acute care staffing requirements are mandated by the California Department of Public Health (CDPH) Licensing and Certification, Title XXII, California Code of Regulations, Division 5 – Section 70053.2 and Section 70217. The regulations require the use of an acuity (patient classification) tool and defined minimum staffing ratios. The patient acuity level defines the patient's severity of illness and the amount of nursing care hours per day needed by each patient. The ratios are listed in Title XXII and in the 2018 MOU for RNs under Bargaining Units 311 and 312. In addition, the current regulations have an "at all times" stipulation that requires the same level of staffing even when staff are on break or off the unit. They also require that the charge nurse be free from a patient care assignment.

In October 2019, SB 227 was signed into law amending California Health and Safety Code Sections 1279 and 1280.3, which require that patients must be staffed by acuity (unless their acuity falls below a certain ratio). This requirement is regulated by CDPH and health care facilities are inspected for compliance. Failure to meet this requirement can result in assessments of administrative penalties of \$25,000 for the first violation and up to \$125,000 for the third violation based on the magnitude of the violation (SB 227 [Chapter 843, Statutes 2019]).

2. Labor Laws Impacting Staffing - Labor practices are highly regulated in the State of California and labor laws impact the inpatient critical care nurse staffing because eligible staff can take job-protected leave under the Family and Medical Act (FMLA), California Family Rights Act (CFRA), and the Fair Employment and Housing Act (FEHA). In some circumstances, staff may take protected time off and use sick and vacation with little notice to the hospital. As a result, hospitals have to backfill nursing staff to ensure appropriate coverage. Notably, since the 2014 NSP was developed, the CFRA, which entitles employees to up to 12 workweeks of unpaid protected leave to care for themselves or family members with a serious health condition or to bond with a new child, has expanded the scope of the family and medical leave coverage. CFRA changes include, but are not limited to, expanding the definition of family members for whose care an employee may take CFRA leave, adding a qualifying exigency leave related to military service of certain family members of the employee, and allowing both parents to take 12 workweeks of "baby bonding" leave if they work for the same employer. These changes increase the number of qualifying leave requests and resulting employee absences that impact critical care nurse staffing.

3. DHS Core Critical Care Training Program (CCTP) - The 2014 NSP did not include provisions for critical care RN education. It is very difficult to maintain critical care staffing levels if the needed RNs are not available to enroll and successfully complete the DHS CCTP. In 2018, a 6-month CCTP was standardized across DHS and 116 RNs completed the program in 2020. In 2021, DHS' nursing leadership redesigned the CCTP and a new 4-month CCTP is projected to train up to 280 RNs in FY 2021-22 with the approval and implementation of this recommended 2021 CCSP model.

4. Staffing and Patient Outcomes - Numerous recent research studies have validated the impact of staffing on patient outcomes. The studies have shown that missed nursing care and nursing staff retention issues cause staffing shortages that directly affect patient outcomes. The data emphasize that, as nursing shortages occur resulting in an increase in nursing missed care, there is an increase in hospital acquired conditions (HAC). This data supported a review of adult critical care staffing in all DHS ICUs to ensure patient safety and to prevent increases in HAC.

Proposed Critical Care Staffing Plan (CCSP)

The proposed CCSP staffing model is based on mandated CDPH Licensing and Certification, Title XXII (AB 394 nurse-to-patient ratio), and the California Code of Regulations, and developed through an analysis of the current critical care staffing needs, including standard practice for DHS-wide acute care ICU units, and a cost analysis of overtime and registry. Additionally, the proposed CCSP staffing model will address acuity of patient, labor issues, and new regulations that impact critical care nurse staffing, nurse turnover, and retention.

The specific changes on the proposed CCSP staffing model include: 1) additional critical care RN II and RN III positions calculated based on a percentage allocation of RN-II (70%) and RN-III (30%) skill mix staffing model to obtain highly specialized, experienced, and trained RNs to provide highly complex nursing assessment and care for adult critically ill patients; and 2) additional supervisory nurses due to the increased number of RNs.

In addition to the studies that support the appropriate staffing to decrease HACs as noted above, there are numerous studies that demonstrate how nursing staff retention promotes a healthy work environment and improves patient and nurse outcomes. It is the goal for DHS facilities to decrease turnover, which will significantly reduce the overall costs of recruitment and training. During FY 2021-22, with appropriate critical care staffing and healthy work environments, DHS can become an employer of choice and reduce overall costs as well as improve patient care.

Implementation of Strategic Plan Goals

The recommended actions support the County's Strategic Plan Goal I.2, "Enhance Our Delivery of Comprehensive Interventions" and II.1 "Drive Economic and Workforce Development in the County" II.2 "Support the Wellness of Our Communities", and III.1 "Continually Pursue Development of Our Workforce." III.3 "Pursue Operation Effectiveness, Fiscal Responsibility, and Accountability."

FISCAL IMPACT/FINANCING

The proposed CCSP and nurse-to-patient ratio model will result in an estimated cost of \$34.065 million in annual cost of the program funded by \$7.231 million of additional revenue and \$26.834 million of DHS' existing resources. The model is expected to be fully implemented in FY 2021-22, with a full annualization of costs and revenue recognized in FY 2022-23.

The approval of the attached appropriation adjustment will adjust the Salaries and Employee Benefits appropriation by a net increase of \$11.355 million, recognize an increase of \$2.411 million in Medi-Cal Inpatient revenue, and reallocate \$8.944 million from DHS' Enterprise Fund-Committed for DHS, to fund the projected staffing costs and operational changes necessary to implement the proposed CCSP staffing model in FY 2021-22. DHS will annualize and provide funding in future budget phases, as needed, to fund the remaining full staffing plan. There is no impact to net County cost.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

As noted above, there are multiple requirements for acute care nurse staffing. Approval of the requested actions will support DHS' maintenance of appropriate levels of RN staffing at our critical care hospital facilities consistent with regulatory requirements.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the proposed CCSP staffing model and corresponding appropriations will improve and stabilize DHS' nurse staffing levels, ensure regulatory requirements are met, and appropriately adjust our nurse staffing levels to meet our current and future critical care needs for Los Angeles County residents.

The Honorable Board of Supervisors

12/21/2021

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Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Christina R. Ghaly".

Christina R. Ghaly, M.D.

Director

CRG:av

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
REQUEST FOR INTERIM ORDINANCE AUTHORITY
PROVISIONAL ALLOCATIONS TO DEPARTMENT
FISCAL YEAR 2021-22**

DHS SUMMARY - CRITICAL CARE STAFFING PLAN

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
5134	A	REGISTERED NURSE II	78.0	78.0
5135	A	REGISTERED NURSE III	100.0	100.0
5338	A	SUPERVISING STAFF NURSE I	18.0	18.0
Total			196.0	196.0

LAC+USC MEDICAL CENTER

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
5134	A	REGISTERED NURSE II	20.0	20.0
5135	A	REGISTERED NURSE III	48.0	48.0
5338	A	SUPERVISING STAFF NURSE I	8.0	8.0
Total			76.0	76.0

HARBOR-UCLA MEDICAL CENTER

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
5134	A	REGISTERED NURSE II	29.0	29.0
5135	A	REGISTERED NURSE III	38.0	38.0
5338	A	SUPERVISING STAFF NURSE I	8.0	8.0
Total			75.0	75.0

OLIVE VIEW-UCLA MEDICAL CENTER

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
5134	A	REGISTERED NURSE II	19.0	19.0
5135	A	REGISTERED NURSE III	7.0	7.0
5338	A	SUPERVISING STAFF NURSE I	2.0	2.0
Total			28.0	28.0

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
5134	A	REGISTERED NURSE II	10.0	10.0
5135	A	REGISTERED NURSE III	7.0	7.0
Total			17.0	17.0

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BOARD OF SUPERVISORS
OFFICIAL COPY

November 30, 2021

COUNTY OF LOS ANGELES

REQUEST FOR APPROPRIATION ADJUSTMENT

DEPARTMENT OF HEALTH SERVICES

AUDITOR-CONTROLLER:

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. PLEASE CONFIRM THE ACCOUNTING ENTRIES AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF EXECUTIVE OFFICER FOR HER RECOMMENDATION OR ACTION.

ADJUSTMENT REQUESTED AND REASONS THEREFORE

FY 2021-22

4 - VOTES

SOURCES

BA DETAIL - SEE ATTACHMENT PAGES 1 - 2

USES

BA DETAIL - SEE ATTACHMENT PAGES 1 - 2

SOURCES TOTAL

\$ 20,299,000

USES TOTAL

\$ 20,299,000

JUSTIFICATION

The request for Appropriation Adjustment is necessary to add positions to the Department of Health Services (DHS) to revise the system wide 2014 DHS Nurse Staffing Plan (NSP) to implement a standardized Registered Nurse (RN) Critical Care Staffing Plan (CCSP) and nurse-to-patient ratio model to meet the State of California's regulatory requirements for DHS hospitals with adult critical care services.

Jean Lo

Digitally signed by Jean Lo
Date: 2021.11.24 14:05:46
-08'00'

AUTHORIZED SIGNATURE

JEAN LO, CONTROLLER'S DIVISION, DHS

BOARD OF SUPERVISOR'S APPROVAL (AS REQUESTED/REVISED)

REFERRED TO THE CHIEF
EXECUTIVE OFFICER FOR---

☐ ACTION

☒ RECOMMENDATION

AUDITOR-CONTROLLER

BY **Lan Sam**

Digitally signed by Lan Sam
Date: 2021.12.02
13:20:45 -08'00'

B.A. NO. 065

DATE Dec. 2, 2021

☒ APPROVED AS REQUESTED

☐ APPROVED AS REVISED

CHIEF EXECUTIVE OFFICER

BY **Erika Bonilla**

Digitally signed by Erika Bonilla
Date: 2021.12.06 08:59:25
-08'00'

DATE 12/6/21

COUNTY OF LOS ANGELES
REQUEST FOR APPROPRIATION ADJUSTMENT

FY 2021-22 4 - VOTES			
SOURCES		USES	
LAC+USC MEDICAL CENTER ENTERPRISE FUND MN4-HG-92-9433-60010 MEDI-CAL INCREASE REVENUE	926,000	LAC+USC MEDICAL CENTER ENTERPRISE FUND MN4-HG-1000-60010 SALARIES & EMPLOYEE BENEFITS INCREASE APPROPRIATION	4,305,000
LAC+USC MEDICAL CENTER ENTERPRISE FUND MN4-HG-96-9911-60010 OPERATING TRANSFERS IN INCREASE REVENUE	3,379,000		
HARBOR CARE SOUTH ENTERPRISE FUND MN1-HH-92-9433-60020 MEDI-CAL INCREASE REVENUE	894,000	HARBOR CARE SOUTH ENTERPRISE FUND MN1-HH-1000-60020 SALARIES & EMPLOYEE BENEFITS INCREASE APPROPRIATION	4,485,000
HARBOR CARE SOUTH ENTERPRISE FUND MN1-HH-96-9911-60020 OPERATING TRANSFERS IN INCREASE REVENUE	3,591,000		
RANCHO LOS AMIGOS NATIONAL REHAB. CENTER ENTERPRISE FUND MN7-HR-92-9433-60040 MEDI-CAL INCREASE REVENUE	202,000	RANCHO LOS AMIGOS NATIONAL REHAB. CENTER ENTERPRISE FUND MN7-HR-1000-60040 SALARIES & EMPLOYEE BENEFITS INCREASE APPROPRIATION	955,000
RANCHO LOS AMIGOS NATIONAL REHAB. CENTER ENTERPRISE FUND MN7-HR-96-9911-60040 OPERATING TRANSFERS IN INCREASE REVENUE	753,000		
OLIVE VIEW-UCLA MEDICAL CENTER ENTERPRISE FUND MN3-HO-92-9433-60050 MEDI-CAL INCREASE REVENUE	389,000	OLIVE VIEW-UCLA MEDICAL CENTER ENTERPRISE FUND MN3-HO-1000-60050 SALARIES & EMPLOYEE BENEFITS INCREASE APPROPRIATION	1,610,000
OLIVE VIEW-UCLA MEDICAL CENTER ENTERPRISE FUND MN3-HO-96-9911-60050 OPERATING TRANSFERS IN INCREASE REVENUE	1,221,000		

COUNTY OF LOS ANGELES
REQUEST FOR APPROPRIATION ADJUSTMENT

FY 2021-22			
4 - VOTES			
SOURCES		USES	
DHS ENTERPRISE FUND		DHS ENTERPRISE FUND	
MN2-3078		MN2-HS-6100-60070	
COMMITTED FOR DHS		OTHER FINANCING USES	
DECREASE OBLIGATED FUND BALANCE	8,944,000	INCREASE APPROPRIATION	8,944,000
SOURCES TOTAL		USES TOTAL	
\$ 20,299,000		\$ 20,299,000	